



Reading – Make It an Everyday Activity

Although young children cannot yet read, they are developing reading skills at a very young age. It is important for care providers to help children develop these skills through activities that will stimulate their interests.

Here are some ideas for activities you can try with the children. In addition to having fun, hopefully you will instill a lifelong interest in books and reading.

- Decorate with paintings and posters of popular characters from children's books. Have the children make posters based on books they have read.
- Have a dress-up contest where everyone comes dressed as his or her favorite character from a book.
- Create a special place where the children can go to look at books and read. The area should be inviting to children and should have a good selection of books within the children's reach. Comfortable pillows for the floor are perfect for this purpose.

- After you read a story to the children, encourage them to write what they liked best about the story, who their favorite character was, or ask if they would have a different ending to the story. Allow children to use their own spelling or use pictures to tell their story.



- You and the children can visit a different culture each week simply by reading folktales from around the world. Talk to the children about the customs and traditions that may be different from those that we traditionally celebrate.
- Invite parents, grandparents, or other friends or relatives to read to the children. Another idea is to ask them to make a tape recording of them reading a children's book. That way, the children can enjoy the story more than once. It is also a good way to involve family members

who may not live close enough to come in and read to the children in person.

- Make a book. Allow the children to write the story, make a cover and illustrate a book. When they are finished, staple the pages together.

Inside This Issue

Bureau of Child Care - Update	2
Consumer Product Safety Commission	3
Breastmilk: Nature's Perfect Baby Food	4
CACFP Training	5
Lock In On Poison Prevention	6
Family Care Safety Registry	7
Outdoor Play in the Winter & Mo. Coalition for Oral Health Access	8
Ideas for School-age Care	9
Reading Up on Inclusion	10
Healthy Child Care Newsletter Feedback	11
Hidden Treasures	12



Watch for Your Opportunity to Participate

Child care providers and teachers will be invited to participate in an important study that will examine child care characteristics across four Midwestern states—Missouri, Nebraska, Iowa and Kansas. Two thousand Midwestern providers and teachers will be selected at random. The Gallup Organization will call the selected providers in February and March, 2001 to answer a 10-15 minute interview; 500 of these providers will be from Missouri. It will be important for all people called to find time to share their perceptions about child care. The voices of child care teachers and providers are important!

About 150 Missouri providers also will have the opportunity to participate in a follow-up study. Interviewers from the University of Missouri will conduct in-person visits to learn in greater depth about child care environments within these randomly selected programs. This project has support from the Missouri Departments of Health, Social Services, Elementary and Secondary Education, and the Head Start-State Collaboration Office.

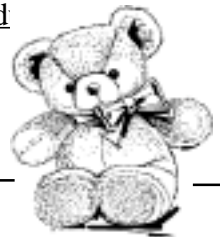
The Missouri teachers and providers who are contacted in February or March are urged to give the Gallup interviews high priority and to support Missouri's contribution to understanding child care in the Midwest. For more information, contact Kathy Thornburg at 573-882-9998 or ThornburgK@missouri.edu

Your Suggestions, Please !

The Bureau of Child Care welcomes your thoughts and suggestions on the Healthy Child Care newsletter.

Page 11 of this issue is a survey asking for feedback about this newsletter. We would like to know if this publication is helpful, and if so, what articles do you find the most useful. Do you have ideas for articles you would like to see in future newsletters? We also would like your suggestions and comments on ways we could improve this publication.

Thank you in advance for your time in providing your suggestions and comments.



Nothing

When children come home at the end of the day,
The question they're asked as they run out to play
Is "What did you do today?"

"Nothing. I did nothing today." Perhaps nothing
means that I played with blocks, or counted to
ten or sorted some rocks.

Maybe I painted a picture of red and blue,
Or heard a story of a mouse that flew.

Maybe I watched gerbils eat today,
Or went outside on the swings to play.

Maybe today was the very first time that my
scissors followed a very straight line.

Maybe I led a song from beginning to end,
Or played with a special brand-new friend.

When you're in preschool

And when your heart has wings,

"Nothing" can mean so many things!

Author unknown

Partial support for this
newsletter is provided by :



Consumer Product Safety Commission

The United States Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:

- ♦ The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- ♦ The CPSC web site address at <http://www.cpsc.gov>

How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls each year, including many products found in child care settings.



Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to

find out whether products have been recalled, and if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC to find out product information.

To receive CPSC's current recall information automatically by e-mail or fax, or in a quarterly compilation of recalls sent by regular mail, call CPSC's hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

CPSC, Window Covering Industry Announce Recall to Repair Window Blinds

The CPSC and the Window Covering Safety Council are announcing a recall to repair horizontal window blinds to prevent the risk of strangulation to young children. The recall involves millions of window blinds with pull cords and inner cords that can form a loop and cause strangulation. About 85 million window blinds are sold each year.

Since 1991, CPSC has received reports of 130 strangulations involving cords on window blinds. 114 strangulations involve the outer pull cords, and 16 involve the inner cords that hold the blind slats. In 1995, CPSC worked with the window covering industry to redesign new window blinds to eliminate the outer loop on the end of pull cords and provide free repair kits so consumers could fix their existing blinds. Window blinds sold since 1995 no longer have pull cords ending in loops.

Last year, CPSC began a new investigation of window blind deaths. In an extensive review of incidents, CPSC found that children could also become entangled in the inner cords that are used to raise the slats of blinds. These entrapments occur when a young child pulls on an inner cord and it forms a loop that the child can hang in. All of these deaths involved children in cribs placed next to windows. In most cases, the outer pull cords were placed out of reach, but the children strangled when they pulled on the inner cords of the blinds. The strangulation victims ranged in age from 9 months to 17 months.

As a result of the new CPSC investigation, the industry has further redesigned window blinds. Newly manufactured blinds have attachments on the pull cords so that the inner cords can't form a loop if pulled by a young child. Consumers with existing blinds should have them repaired. The repair can be done in minutes without removing the blinds. Consumers who have window blinds with cords in their homes should call the Window Covering Safety Council toll-free at (800) 506-4636 to receive a free repair kit for each set of blinds in the home. The repair kit will include small plastic attachments to prevent the inner cords from being pulled loose. The kit also includes safety tassels for pre-1995 window blinds with outer pull cords ending in loops. Consumers should cut the loops and install a safety tassel at the end of each pull cord. Consumers who have vertical blinds, draperies or pleated shades with continuous loop cords should request special tie-downs to prevent strangulation in those window coverings.

Parents and caregivers should keep window covering cords and chains permanently out of the reach of children. Never place a child's crib within reach of a window blind. Unless the cords can be completely removed from the child's reach, including when the child climbs on furniture, CPSC recommends that parents never knot or tie the cords together because this creates a new loop in which a child could become entangled. Consumers who have young children may wish to consider purchasing cordless window coverings. These are made by a number of firms.

Breastmilk: Nature's Perfect Baby Food



“Breastfeeding friendly” child care providers play a very important role in a new mother’s return to work. A mother who is separated from her infant faces a great deal of stress. Letting her know that you support breastfeeding and are happy to assist her in continuing to provide breastmilk to her infant gives her more confidence in leaving her baby in your hands.

Breastmilk has been termed the perfect baby food, the gold standard that formula makers try to imitate. Breastfeeding has benefits for everyone involved in caring for infants. These benefits include:

- **For babies:** Breastmilk has just the right kind and amount of nutrients in a form that is easily digested. A major advantage is that it supplies much more than just nutrition. Breastmilk contains antibodies and other components that protect infants from infections. Breastfed infants have less diarrhea, fewer hospital admissions, ear infections, rashes, allergies, and other medical problems than formula fed babies.

- **For working mothers:** Breastfeeding increases their self-confidence, saves money, protects their health, and decreases their worry about the baby.
- **For child care providers:** Breastfed babies may be more content because they feel better. Babies digest breastmilk very well, so they are rarely constipated, spit up less, and generally smell sweeter than formula fed babies. As a benefit to child care providers, the Child and Adult Care Food Program provides meal reimbursement for infants who are breastfed. This supports the child care provider’s efforts in storing and feeding breastmilk.

Understanding a few basics about breastmilk and breastfeeding will help you relax and know that you are providing the best nourishment and care for these little ones. Encourage mothers to tell you their feeding instructions so you can avoid conflict.

Frequently asked questions:

- ✓ **Why does breastmilk look so different?**
It will vary from mother to mother and from day to day. Breastmilk usually looks pale, bluish, and thinner than formula. After breastmilk sits for awhile, the cream rises to the top. Just shake it gently to mix the layers. Remember that no matter how strange it

may look to you, appearance has nothing to do with quality. Breastmilk is the best nourishment for babies.

✓ **Does breastmilk spoil easily?**

You will rarely see spoiled breastmilk. This remarkable fluid has special properties that kill bacteria, and because of this, it is safer at room temperature for a longer time period than formula. Storage guidelines vary depending on what you read. If you ask mothers to bring you fresh milk every day, you should not have to worry about this. To be safe, keep milk in your refrigerator during the day and send unused milk home with mom. If breastmilk has to be left unrefrigerated, it will be safe for at least for 3-4 hours. Formula should not stay at room temperature longer than 1 hour.

✓ **How do I prepare breastmilk for feeding?**

Just before feeding, warm the bottle to body temperature by holding under warm running water and gently shaking it.

✓ **What if the milk is frozen?**

That’s fine. Frozen breastmilk will look darker in color but will return to normal appearance when thawed. Thaw it under cool, running water and then heat as above.

✓ ***Why do some breastfed babies get hungry so often?***

Breastmilk is digested so perfectly that it's normal for babies to get hungry again after about 1 ½ to 3 hours. It is usually easier to feed babies when they show signs of hunger than to try to keep them on a schedule. Babies go through growth spurts (hungry days) from time to time when it seems like they want to eat all the time. Feeding more breastmilk at these times will help babies settle down in a few days. Be sure to let mother know of this increased appetite so she can send enough milk.

✓ ***Can I catch anything from handling breastmilk? What about AIDS?***

No. Human milk is *not* a body fluid that transmits any virus or disease. As with formula, basic hand washing before and after feeding *each* baby is important. No special handling precautions are necessary.

✓ ***Should I throw away leftover breastmilk?***

Breastmilk left in a bottle after each feeding should not be reused. Bacteria from the babies' saliva can contaminate the milk. Because mothers spend precious time pumping and storing breastmilk, they are encouraged to bring the breastmilk in small amounts to avoid wasting. Ask each mother whether to throw out the leftover milk or keep for her to see how much was consumed.

✓ ***What should I expect from a mother to make it easier for me to care for her breastfed baby?***

She should send her milk ready to feed in amounts that her baby usually takes at one feeding. The bottles should be labeled with baby's name and date when milk was expressed so you can use the oldest milk first. She should send a little extra milk in case the baby has a hungry day.

Extra TLC: You can show a mom you really care and support her breastfeeding by offering her a comfortable place to sit and nurse when she comes to pick up the baby. This can make their drive home much more pleasant as well as make the mother feel better about you.

Whether breastmilk is delivered directly by the mother or from a bottle by a caring child care provider, it provides the best nutrition and health protection for infants. Breastmilk is nature's perfect baby food.



CACFP Training Schedule

Orientation training for the Child and Adult Care Food Program for child care centers* is held each month in the five district offices located throughout the state.

Northwestern District Independence

Jan 9, Feb 13, Mar 13

Southwestern District Springfield

Jan 16, Feb 13, Mar 16

Southeastern District Cape Girardeau

Jan 19, Feb 16, Mar 9

Central District Jefferson City

Jan 23, Feb 27, Mar 20

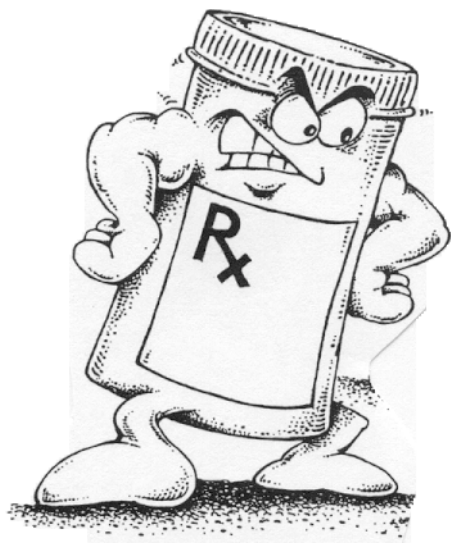
Eastern District St. Louis

Jan 12, Feb 9, Mar 16

*Shelter and After-school training held separately.

Call 800-733-6251 to register for a training session in your area.

Lock In on Poison Prevention



National Poison Prevention Week will be observed March 18-24, 2001. The theme is "Children Act Fast...So Do Poisons!" This means that adults must always be watchful when household chemicals or drugs are being used. Many incidents happen when adults are distracted for just a few moments, for example when using the telephone. Children act fast, and adults must make sure that household chemicals and medicines are stored away from children **at all times**.

Because young children will eat and drink almost anything, they are dependent on the adults to keep them safe. Each year unintentional poisonings from medicines and household chemicals kill about 30 children and prompt more than one million calls to the nation's poison control centers. Medicines (especially iron pills and food supplements containing iron), household substances, insect sprays, kerosene, lighter fluid, some furniture polishes, turpentine, paints, solvents, and products containing lye and acids are most frequently the cause of accidental poisoning among children.

Here are some helpful rules designed to prevent accidental poisonings:

- ✓ Use child-resistant packaging properly by closing the container securely after use. Child-resistant packaging has saved lives. The number of childhood poisoning deaths has declined from 450 in 1961 (when National Poison Prevention Week was first authorized) to about 30 deaths annually in recent years.
- ✓ Keep all chemicals and medicines locked up and out of sight. (Make sure chemicals and medicines are not stored with food products)
- ✓ Call the poison center immediately in case of poisoning. Keep a bottle of "syrup of ipecac" on hand but use it only if the poison center instructs you to induce vomiting.
- ✓ When products are in use, never let young children out of your sight, even if you must take them with you when answering the phone or talking to a parent.
- ✓ Keep items in original containers. It is dangerous to put products in food and beverage containers. Children may think that something in a familiar juice or soda bottle is good to drink. Also, if you throw away the original container, you are throwing away important information needed in case of an emergency. The label on the container gives information on the ingredients in the product. In the event of an emergency, you will need this information.
- ✓ Leave the original labels on all products, and read the label before using.
- ✓ Always leave the light on when giving or taking medicine. Check the dosage every time.
- ✓ Avoid taking medicine in front of children. Refer to medicine as "medicine", not "candy".

For more information about National Poison Prevention Week and fact sheets, you may contact the Consumer Product Safety Commission through their website at www.cpsc.gov or by telephone at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.

You may also contact the Poison Prevention Week Council at P.O. Box 1543, Washington, DC 20013 to request a National Poison Prevention Week Packet (a folder containing a list of available materials, fact sheet, and other promotional materials), or visit their website at www.poisonprevention.org.

Information for this article was taken from the Consumer Product Safety Commission's web site.

Family Care Safety Registry Swings Into Action



The Family Care Safety Registry, administered by the Department of Health, is busy processing registration forms submitted by child care and elder-care workers. In December, child care providers were sent an informational letter describing how the registry works along with a supply of registration forms. For those child care providers who did not receive the letter, the registry process is outlined below.

How does the registry work?

The Family Care Safety Registry provides background information for employment purposes only on registered child-care and elder-care workers and licensure information on licensed providers through:

- ✓ State criminal background records maintained by the Missouri State Highway Patrol;
- ✓ Child abuse/neglect records maintained by the Division of Family Services;
- ✓ The Employee Disqualification List maintained by the Division of Aging;
- ✓ Child care facility licensing records maintained by the Department of Health;
- ✓ Foster parent, residential care facility, and child placing agency licensing records maintained by the Division of Family Services; and
- ✓ Residential living facility and nursing home licensing records maintained by the Division of Aging.

Which child care workers must register?

Any person hired as a child care worker on or after January 1, 2001, is required to make application for registration within 15 days of beginning employment. Any person not required to register may also voluntarily apply to the registry if they meet the necessary requirements. A child care worker who fails to submit a completed registration form as required is guilty of a class B misdemeanor.

How does an employee register?

An employee may register by submitting a completed Child Care or Elder-Care Worker Registration Form, photocopy of his or her social security card, and a \$5.00 registration fee to: Missouri Department of Health Fee Receipts Unit P.O. Box 570 Jefferson City, MO 65102

Can an employer submit registration forms for employees?

Employers may submit an Employer Transmittal and Inquiry Form, along with worker registration forms, to the registry. When this form is used, both the employee and the employer will receive results of the background check by mail. An employer may also use this form to request background information on a current or prospective employee(s) who have previously registered.

How can a child care provider (employer) use the registry?

An employer, including a parent, may call the registry's toll free telephone number at **866/422-6872** to request background information on an employee or prospective employee who is registered with the Family Care Safety Registry. The employer will be required to provide his or her name, facility name (if appropriate) and address, and the name, social security number and, if possible, the date of birth of the person in question.

What background information will be released to the employer?

Upon receiving an inquiry from an employer, the registry staff will first verify that the person in question is listed in the Family Care Safety Registry. The employer will then be told whether that person's name is listed in any of the background checks and, if so, which one(s). Specific information will only be given out after the department has received a signed request listing the employer's name and address and the reason for requesting the information. A child care worker will be notified by mail each time the registry receives a request for information on his/her background. The notification will list the name and address of the person making the inquiry and the information released.

Family Care Safety Registry
Telephone: 573/526-1974
www.health.state.mo.us/FCSR
Toll-Free Line 866/422-6872

Missouri Coalition for Oral Health Access - Better Dental Care for All Families

The Missouri Primary Care Association (MPCA) is sponsoring the “Missouri Coalition for Oral Health Access.” The Coalition’s goal is to focus attention on the challenges of accessing dental services for the Medicaid insured and uninsured persons in the state, and present solutions to these challenges. Joseph Pierle, Executive Director of the MPCA, is the chair of the Coalition.

Four coalition committees have been formed. They are:

- **Education**, thus far composed of dental hygienists,

Head Start Health Services Directors, a Bureau of Child Care representative, a pediatrician, and a representative from the United Methodist Church. The Missouri Head Start State Collaboration Office is presently chairing the Education committee for the Coalition.

- **Finance/Reimbursement** composed of the dental association and insurance representatives.

- **Recruitment/Retention**, which has membership from the AHEXS and UMKC School of Dentistry.

- **Infrastructure**, which seeks to build a network between providers in the state to provide increased access to dental care.

The Coalition is continually expanding and is actively seeking new partners all the time. If your organization is interested in joining the Coalition, contact Alan Stevens at the Missouri Primary Care Association at 573-636-4222.

Article provided by Chris Groccia
Missouri Head Start Collaboration Office

Outdoor Play in the Winter . . . It’s Still Important

Even in the midst of winter it’s important that children have outdoor play time each day, weather permitting. While there is a belief that getting out in the cold air can cause a cold, studies have shown that fresh air is healthy and can reduce the spread of infection. When children and adults are confined to overheated and poorly ventilated indoor space, germs and illnesses are passed easily from one person to another. Outside fresh air lessens the chance of spreading illness since children are not rebreathing the germs of the group.

The benefits of daily outdoor play also allow the children to burn energy, provides a change of environment, and allows the opportunity for large muscle activities.

One of the most frequently asked questions to licensing staff in the winter is, “When is it too

cold to take children outside?” The licensing rules do not give a temperature, which allows the child care provider to use his or her own judgment. It’s important to remember that wind chill plays



an important factor in the decision. If the sun is out and the wind is not blowing, 40 degrees may not be too cold to have the children out for a short time. Likewise, if it is cloudy and the wind is blowing, 40 degrees may feel more like 20 degrees and you may decide to stay inside.

To aid you in your decision, you may want to refer to a wind chill chart, or listen to the weather in your area for current information on the wind chill.

In addition to getting outside, there are ways you can improve the indoor air quality in your child care facility to lessen the spread of illness. Since germs love warm, dark, damp environments, keep your facility clean and dry. Keep the air temperature between 68 to 75 degrees Fahrenheit, and open the windows in each room each day for a few minutes. Make sure the windows are screened and only opened slightly (less than 6 inches). This will allow the air to circulate.

Enjoy a healthy and happy winter!

Information for this article was taken from various web sites, including:
<http://ericps.crc.uiuc.edu/cchp/factsheet/playoutd.html>, and www.idph.state.ia.us.

Using Learning Centers with School-Age Care



When you are teaching a School-age care (SAC) program using developmentally appropriate teaching practices, you will find that your role changes throughout the day. You may be a(n):

- **Facilitator** (helping children find resources, answering questions);
- **Observer** (tuning in to and watching children to determine their developmental level, their interests, and their strengths, as well as their challenges);
- **Planner** (utilizing the information you gain as you observe children to plan exciting, interesting activities and experiences for them).
- **Health and Safety Officer** (checking a child who looks like he is running a temperature, picking up broken glass on the playground, or sending a toy for repairs)

Regardless of what you are doing, you are making a difference in the lives of young children. The following suggestions will help you enhance the quality of your SAC program. Try them and see if you and the

children can work together to plan more activities and experiences to share.

LIBRARY/ MANIPULATIVES

1. Read, read, read to children and with children.
2. Put a large refrigerator box in the library area. Let the children decorate it. Cut doors and windows. Put pillows and books pertaining to your theme and/or the children's interest inside. The children will love the Story House.
3. Use a computer to encourage writing. You might want to put together a monthly newsletter written by the children.
4. Encourage children to write "thank you" notes after a field trip or after a special speaker has visited your center.

ART

1. Have a variety of art materials available at all times for the children.
2. Let the children set up the art area on their own.
3. Discuss making a mural to culminate a theme.
4. Have books available that will help SAC children to complete projects (They are at the age when they enjoy a product.). Books that explain origami, Native American jewelry, and sand painting are interesting to SAC kids.
5. Talk about Michelangelo, the

Italian artist, and describe how he painted the Sistine Chapel ceiling lying on his back. Tape a long strip of newsprint paper on the bottom of a table and let the children take turns painting while lying on their backs.

6. Put several kitchen tools (potato masher, sponge, fork, garlic press) in the art area with paint, and let the children experiment with printing.

DRAMATIC PLAY

1. Have costumes, uniforms, and dress-up clothes available for SAC children. They enjoy play acting. You may have some that would enjoy writing a play and/or acting in a play or skit. Make arrangements for the SAC kids to perform for younger children.
2. Put everyday items in the play area—telephone books, maps, magazines, journals, comic books, etc. to encourage children to use reading materials.
4. Let the children plan how to set up a fast food restaurant, plan cooking activities that can be eaten for a snack, get a cash register, let the children make order pads, and get play money so the children can take orders and make change.

Written by Caroline Rosser, Director,
Central Missouri State University
Workshop on Wheels Child Care
Resource and Referral



The Missouri Child Care Resource and Referral Network, with the support of the Missouri Department of Health, offers ***Enhanced Inclusion Referral Services***. Each Resource and Referral agency has an Inclusion Coordinator to assist families of children with special needs find and keep quality childcare. This free service offers support for families and providers through: referrals to other resources, technical assistance, on-site observations, consultations, and consumer awareness about the Americans with Disabilities Act.

A common request Inclusion Coordinators receive is how to prepare all children and raise their understanding and acceptance. This is only a brief listing of books available on various subjects. For more information, contact your inclusion coordinator toll-free at 1-800-200-9017.

General Inclusion-

A Special Kind of Sister, by Sarah L. Smith. Sarah tells about having a brother with a disability and how it feels to be a part of a special family.

Emotions/Anger Management-

I Was So Mad!, by N. Simon. A different child appears on each page describing what makes him or her mad. With each description, the reader hears about the struggles of children as they try to control their feelings and work them out in ways that are acceptable to themselves and others.

Reading Up on Inclusion

In these three books by E. Crary, children learn inner controls to handle their feelings. Each short scenario is presented to the reader then the reader is asked to make choices about how to handle the feelings. Each choice leads to a different outcome.

I'm Mad

This book is about Katie who is mad about the rainy weather.

I'm Frustrated

This book is about Alex who is frustrated about his difficulty in learning to skate.

I'm Proud

This book is about Mandy who ties her shoes and wants to celebrate.

Specific Needs-

When Can I Roar?, by J. Hartman. This book provides an opportunity for dialogue with children, particularly those with *attention deficit disorder*, about when it is appropriate to run, jump, and shout.

Shelley the Hyperactive Turtle, by D. Moss. After his mother takes him to the doctor, Shelley begins to understand why he feels so jumpy and wiggly inside that he can't stay still.

The Lion Who Had Asthma, by J. London. Sean's nebulizer mask and his imagination aid in his recovery following an asthma attack. Includes information on childhood *asthma* and how to control its symptoms.

The Special Critter, by G. Mayer. Alex, the new kid in the class, has a *wheelchair*. His classmates

learn to appreciate all the things he can do, when he might need help, and when he can help them.

A Button in Her Ear, by A. Litchfield. A little girl relates how her *hearing loss* is detected and corrected with the use of a *hearing aid*.

Socialization Skills-

We Can Do It!, by L. Dwight. Bright, large photographs of children, with and without disabilities, working and playing together.

Someone Special, Just Like You, by T. Brown and F. Ortiz. Shows preschool children with disabilities actively playing and learning alone, with their teachers, and with their peers. Emphasizes similarities among all children.

Adult Resources-

All Kids Count: Child Care and the Americans With Disabilities Act (ADA), by L. Doggett. Offers help to child care providers for successfully including children with disabilities in regular childcare environments in compliance with Title III of the ADA.

Every Child is Special—Quality Group Care for Infants and Toddlers, by R. Shimoni, J. Baxter, and J. Kugelmass. Describes how the child caregiver can protect, support, and enrich the lives of infants and toddlers in each developmental area. Includes information on integrating children with special needs, routine care giving, and parent concerns.

Healthy Child Care Newsletter Feedback

Please provide some feedback so we can continue to improve our communication with the child care and early education community. Send your completed forms to **Missouri Department of Health, Bureau of Child Care, PO Box 570, 912 Wildwood, Jefferson City, MO 65102-0570, or fax to 573-526-5345** by March 31, 2001.

Is the length of the newsletter (12 pages)

_____ Too long

_____ Too short

_____ Just right

Is the quarterly mailing

_____ Too often

_____ Not often enough

_____ Just right

How do you use the newsletter?

(check all that apply)

_____ Read it myself

_____ Share it with other staff

_____ Keep issues for future reference

_____ Share it with parents of children

_____ Post it (on a bulletin board, etc.)

_____ Don't read it

Other, please describe _____

Which feature articles are most useful – check all that apply

_____ Licensing Updates

_____ Health and Safety Consultation

_____ Recipes and Nutrition information

_____ Developmentally appropriate activities for children

List three topics you would like to see covered in future issues of Healthy Child Care

1)

2)

3)

Please feel free to provide us with any additional information that would be helpful to Bureau of Child Care staff when putting together future issues of the newsletter. Thank you for your assistance with this survey

HIDDEN TREASURES

Have you ever....
Spoken to a parent about things they can do to encourage their child's development? Told a group of friends how hard it is to find good teachers? Talked to a licensing specialist about rules that are difficult for you to follow?

In all of those cases you acted as an advocate for children. You spoke to others about the importance of quality early care and education, and you spoke about the challenges to providing that service. According to Webster's Dictionary, that makes you an advocate!

Many people mistakenly think that advocates are only found at state capitols and in Washington, DC.

They think that advocates only work on legislative issues. In truth, the best advocates are "hidden" advocates who speak for children in many settings, not just when a law is proposed. These advocates work with families or within their communities. They might work to change public perceptions or improve regulations. If you think broadly about what an advocate does, you'll see that you have been one many times!

Early care and education providers know what is good for children and they know how difficult it can be to provide the support children need. But, for the most part, people outside the

field do not understand the importance of quality care or how hard it can be to provide. Every time you tell these stories to someone else, you are helping to build the base of public support that will make it possible for all children to get good early care.

I've also found that those working in early care and education tend to be VERY passionate about their work. That makes them especially good advocates! The more good advocates we have, the faster we will reach our goals. Begin 2001 by seeing yourself as a treasured advocate!

Article provided by: Cande Iveson
Citizen for Missouri's Children

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.

PERMITTED NO. 20
JEFFERSON CITY, MO
U.S. POSTAGE PAID
PRESORTED STANDARD

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF CHILD CARE
P.O. BOX 570
JEFFERSON CITY MO 65102-0570